

# Evolution

**Dates:** July 9-13

**Location:** Roosevelt, Utah

**Credit:** USOE or SUU

**Instructors:** John Taylor, Mike Wakeman

**Instructor Contact Information:** John Taylor, (435)865-8699,  
[taylorjr@mac.com](mailto:taylorjr@mac.com) or [TaylorJR@suu.edu](mailto:TaylorJR@suu.edu)

**Registration Fee and Deposit:** \$275 registration fee; \$ 45 deposit payable to Southern Utah University

**Send registration form and deposit to:**

Kate Grandison  
Biology Department  
Southern Utah University, Cedar City, UT 84720

**Registration Contact Information:**

Kate Grandison  
Biology Department  
Southern Utah University, Cedar City, UT 84720  
[grandison@suu.edu](mailto:grandison@suu.edu)  
(435)865-8345

**Course Description:**

This summer, come together with other teachers and delve into the realm of evolutionary biology. In this five-day course, you will have the opportunity to learn how the organisms that make up the diversity of life on earth are intricately intertwined. See how species around us are shaped by processes that we can see in action today. Spend time at the Dinosaur National Monument to obtain a glimpse of how life in the past was shaped. This course can be used for Zoology endorsement credit.



# 2007 Science Professional Development Registration Form

*(Duplicate as Necessary)*

Mail to:

Workshop Contact:

**Sessions fill on a first-come basis. Register early to secure your place.**

Workshop Title	Date	Location	Registration Fee
			\$ 275.00

**Contact Information:**

Teacher: \_\_\_\_\_  
District: \_\_\_\_\_  
School: \_\_\_\_\_  
Grade Level/Subject: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
School phone: \_\_\_\_\_  
CACTUS # : \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Commitment to Attend & District Approval:**

I understand that I am committing to this workshop and I will cancel at least two weeks prior to the workshop if I am unable to attend.

Teacher Signature: \_\_\_\_\_

Signature of Principal or District Representative indicates source of registration payment for workshop:

☐ **PERSONAL** Check # \_\_\_\_\_ enclosed **OR**

☐ **SCHOOL** \_\_\_\_\_ **OR**  
Principal

☐ **DISTRICT** \_\_\_\_\_  
District Representative

*\*Please contact your school or district to determine if approval is needed prior to registration.*

☐ Bill to This Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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*Return this completed registration form and your refundable deposit check to the workshop contact listed above.*

**A separate registration form must be submitted for each workshop you plan to attend.**